

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

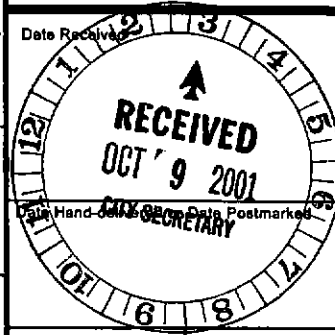
1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

TITLE FIRST MI  
NICKNAME LAST SUFFIX  
SERI L  
KUHLEMAN

OFFICE USE ONLY



4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  
6215 QUEENSLAND  
HOUSTON TX 77096

☐ Change of Address

5 CAMPAIGN  
TREASURER  
NAME

TITLE FIRST MI  
NICKNAME LAST SUFFIX  
ADRIAN  
HERNANDEZ

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  
5177 RICHMOND #265  
HOUSTON TX 77056

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION  
(713) 961.0262

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)  
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year Month Day Year  
7 / 1 / 01 THROUGH 9 / 27 / 01

10 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  
11 / 6 / 01 ☐ Primary ☐ Runoff ☒ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

CITY COUNCIL, DISTRICT C

13 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

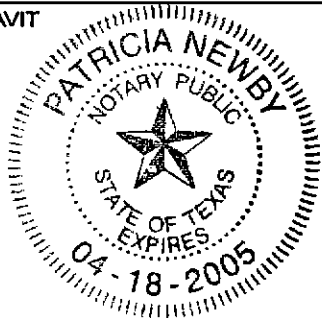


# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME <u>Jeri Lara Kuhleman</u>		15 ACCOUNT # (Ethics Commission files)
16 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> additional pages	** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS
17 NO REPORTABLE ACTIVITY	<input type="checkbox"/> Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)	
18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,605.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>13,237.77</u>
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>40,000.00</u>

## 19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jeri Lara Kuhleman  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jeri Lara Kuhleman, this the 9th day of Oct., 2001, to certify which, witness my hand and seal of office.

Patricia Newby  
Signature of officer administering oath

PATRICIA NEWBY  
Printed name of officer administering oath

Notary Public  
Title of officer administering oath



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1 OF 4

2 FILER NAME

JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission files)

4 Date

7-1-01

5 Full name of contributor

☐ out-of-state PAC (ID#)

JAMES C &amp; JUDY A. MYERS

6 Contributor address; City; State; Zip Code

[REDACTED]

HOUSTON, TX 77071

7 Amount of contribution (\$)

50.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

7-3-01

Full name of contributor

☐ out-of-state PAC (ID#)

ADRIAN L. HERNANDEZ

Contributor address; City; State; Zip Code

[REDACTED]  
HOUSTON, TX 77056

Amount of contribution (\$)

150.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7-17-01

Full name of contributor

☐ out-of-state PAC (ID#)

EVELYN MARIE KUHLEMAN

Contributor address; City; State; Zip Code

[REDACTED]  
HOUSTON, TX 77096

Amount of contribution (\$)

50.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

7-19-01

Full name of contributor

☐ out-of-state PAC (ID#)

MARGARITO &amp; JOSE LARA

Contributor address; City; State; Zip Code

[REDACTED]  
HOUSTON, TX 77045

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8-3-01

Full name of contributor

☐ out-of-state PAC (ID#)

ARISTEO &amp; ALICE HERRERA

Contributor address; City; State; Zip Code

[REDACTED]  
HOUSTON, TX 77022

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2 of 4

2 FILER NAME

JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission files)

4 Date

8-6-01

5 Full name of contributor

☐ out-of-state PAC (ID#)

N. DOMENIQUE HERMES

6 Contributor address; City; State; Zip Code

HOUSTON, TX 77002

7 Amount of  
contribution (\$)

75-00

8 In-kind contribution  
description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

8-11-01

Full name of contributor

☐ out-of-state PAC (ID#)

JOHN W. &amp; NANCY V. COLES

Contributor address; City; State; Zip Code

BELLAIRE, TX 77402

Amount of  
contribution (\$)

100-00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8-15-01

Full name of contributor

☐ out-of-state PAC (ID#)

SAM J. PLATT

Contributor address; City; State; Zip Code

HOUSTON, TX 77025

Amount of  
contribution (\$)

50-00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8-16-01

Full name of contributor

☐ out-of-state PAC (ID#)

JENNIFER L. KUHLEMAN

Contributor address; City; State; Zip Code

HOUSTON, TX 77019

Amount of  
contribution (\$)

300-00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

8-16-01

Full name of contributor

☐ out-of-state PAC (ID#)

AJAY &amp; MINAKSHI MITTER

Contributor address; City; State; Zip Code

COLLEGE STATION, TX 77845

Amount of  
contribution (\$)

100-00

In-kind contribution  
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

3 of 4

2 FILER NAME

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#)7 Amount of  
contribution (\$)8 In-kind contribution  
description (if applicable)

8-16-01

ZANE ZEGAL

6 Contributor address; City; State; Zip Code

HOUSTON, TX 77046

100.00

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

8-16-01

FRED WORTH

Contributor address; City; State; Zip Code

HOUSTON TX 77004

250.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

8-19-01

MARTIN K. MORAN

Contributor address; City; State; Zip Code

HOUSTON, TX 77019

500.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

8-19-01

FRANK G. &amp; SHARON L. STANTS

Contributor address; City; State; Zip Code

HOUSTON, TX 77096

100.00

Principal occupation (Optional)

Employer (Optional)

Date

Full name of contributor

☐ out-of-state PAC (ID#)Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

8-24-01

NORA OLIVER

Contributor address; City; State; Zip Code

SUGAR LAND, TX 77487

100.00

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

**SCHEDULE A1**  
(FOR FORMS C/OH, C/OH-SS, SC-C/OH,  
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

4 of 4

2 FILER NAME

JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

8-29-01

5 Full name of contributor

☐ out-of-state PAC (ID#)

JOHN P. BUSBEE

6 Contributor address; City; State; Zip Code

HOUSTON, TX 77009

7 Amount of contribution (\$)

80.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

9-17-01

Full name of contributor

☐ out-of-state PAC (ID#)

LAWRENCE MARSHALL

Contributor address; City; State; Zip Code

HOUSTON, TX 77288

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9-19-01

Full name of contributor

☐ out-of-state PAC (ID#)

EVELYN MARIE KUHLEMAN

Contributor address; City; State; Zip Code

HOUSTON, TX 77096

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9-19-01

Full name of contributor

☐ out-of-state PAC (ID#)

MOSES P. LARA

Contributor address; City; State; Zip Code

HOUSTON, TX 77045

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

9-20-01

Full name of contributor

☐ out-of-state PAC (ID#)

SAMIRAY S. HOWEHI

Contributor address; City; State; Zip Code

HOUSTON, TX 77042

Amount of contribution (\$)

100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1 of 4

2 FILER NAME

SEM CARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

THE KALEIDOSCOPE GROUP, INC.

7 Amount (\$)

7-1-01

6 Payee address; City, State; Zip Code

5757 WOODWAY #250  
HOUSTON, TX 77057

5000.00

8 Purpose of payment (See instructions regarding type of information required.)

CONSULTING FEES

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

SOUTHWESTERN BELL

Amount (\$)

7-13-01

Payee address; City, State; Zip Code

P.O. BOX 3025  
HOUSTON, TX 77097-0078

133.20

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN PHONE BILL

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

THE KALEIDOSCOPE GROUP, INC.

Amount (\$)

7-13-01

Payee address; City, State; Zip Code

5757 WOODWAY #250  
HOUSTON, TX 77057

91.08

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MAILOUT

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

Date

Payee name

POSTNET

Amount (\$)

7-13-01

Payee address; City, State; Zip Code

5773 WOODWAY DR.  
HOUSTON, TX 77057

37.50

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MAILBOX RENTAL

9 \*\* Complete if direct expenditure to benefit C/OH \*\*  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

2 OF 4

2 FILER NAME

JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

LASER PLUS

7

Amount  
(\$)

7-19-01

6 Payee address; City; State; Zip Code

6255 CORPORATE DRIVE  
HOUSTON, TX 77036381.<sup>04</sup>

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN COPIER  
MAINTENANCE

9 \*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

KRISTINA LARSON

Amount  
(\$)

7-25-01

Payee address; City; State; Zip Code

5757 WOODWAY #250  
HOUSTON, TX 7705718<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN REIMBURSEMENT

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

KAG PRINTING, INC.

Amount  
(\$)

7-26-01

Payee address; City; State; Zip Code

1516 SHEPARD  
HOUSTON, TX 770071230.<sup>81</sup>

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN PRODUCT  
PRINTING

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

THE KALEIDOSCOPE GROUP, INC.

Amount  
(\$)

7-27-01

Payee address; City; State; Zip Code

5757 WOODWAY #250  
HOUSTON, TX 77057512.<sup>34</sup>

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN LISTS

\*\* Complete if direct expenditure to benefit C/OH \*\*

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



## POLITICAL EXPENDITURES

## SCHEDULE F

The INSTRUCTION Guide explains how to complete this form.

1 Total pages Schedule F:

3 of 4

2 FILER NAME

JERI LARA KUTLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

7-30-01

INTERNATIONAL MAILING SYSTEMS, INC.

6 Payee address; City; State; Zip Code

825 LIVE OAK  
HOUSTON, TX 77003-3220431.<sup>14</sup>

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MAIL OUT

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

8-2-01

FIRST USA BANK

Payee address; City; State; Zip Code

P.O. BOX 50882  
HENDERSON, NV 89016-08822000-<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN RECEPTION  
EXPENSES

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

8-3-01

THE KALEIDOSCOPE GROUP, INC.

Payee address; City; State; Zip Code

5757 WOODWAY # 250  
HOUSTON, TX 77057500-<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

CONSULTING FEES

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

8-13-01

THE KALEIDOSCOPE GROUP, INC.

Payee address; City; State; Zip Code

5757 WOODWAY # 250  
HOUSTON, TEXAS 770572000-<sup>00</sup>

Purpose of payment (See instructions regarding type of information required.)

CONSULTING FEES

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4 of 4

2 FILER NAME

JERI LARA KUHLEMAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount  
(\$)

8-18-01

BOSSA CUBAN BATH/LATIN CAFE

6 Payee address; City, State; Zip Code

610 MAIN STREET  
HOUSTON, TX 77002

355-44

8 Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN FUNDRAISER

9 .. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

9-21-01

PIZZA HUT

Payee address; City, State; Zip Code

6415 SAN FELIPE  
HOUSTON, TX 77057

44-00

Purpose of payment (See instructions regarding type of information required.)

CAMPAIGN MEETING LUNCH

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

9-24-01

CITY OF HOUSTON

Payee address; City, State; Zip Code

900 BAGBY  
HOUSTON TX 77002

503-00

Purpose of payment (See instructions regarding type of information required.)

GENERAL ELECTION  
FILING FEES

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount  
(\$)

Payee address; City, State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.		<b>1</b> Total pages Schedule E: <div style="text-align: center; font-size: 1.5em;">1</div>	
<b>2</b> FILER NAME <div style="font-family: cursive; font-size: 1.2em;">JERI LARA KUHLEMAN</div>		<b>3</b> ACCOUNT # (Ethics Commission filers)	
<b>4</b> TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$
<b>5</b> Date of loan	<b>7</b> Name of lender <div style="font-family: cursive; font-size: 1.2em;">N/A</div> <input type="checkbox"/> out-of-state PAC (ID#: _____)		<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial institution?  Y        N	<b>8</b> Lender address;   City;   State;   Zip Code		<b>10</b> Interest rate
			<b>11</b> Maturity date
<b>12</b> Description of Collateral <input type="checkbox"/> none			
<b>13</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>14</b> Name of guarantor  ..... <b>15</b> Guarantor address;   City;   State;   Zip Code		<b>16</b> Amount Guaranteed (\$)
<b>17</b> Principal Occupation		<b>18</b> Employer	

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)		Loan Amount (\$)
Is lender a financial institution?  Y        N	Lender address;   City;   State;   Zip Code		Interest rate
			Maturity date
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor  ..... Guarantor address;   City;   State;   Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

**PAYMENT FROM POLITICAL CONTRIBUTIONS  
TO A BUSINESS OF C/OH****SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule H:1**2** FILER NAMEJERI LARA KUHLEMAN**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Business nameN/A**7** Amount  
(\$)**6** Business address; City; State; Zip Code**8** Purpose of payment (See instructions regarding type of information required.)**9** -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS****SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

JERI LARA KUHELMAN

3 ACCOUNT # (Ethics Commission files)

4 Date

5 Payee name

N/A

6 Payee address; City; State; Zip Code

8 Amount  
(\$)

7 Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

Date

Payee name

Payee address; City; State; Zip Code

Amount  
(\$)

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement  
from political  
contributions  
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**NON-POLITICAL EXPENDITURES  
MADE FROM POLITICAL CONTRIBUTIONS****SCHEDULE I**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule I: 1**2** FILER NAME

JERI LARA KUHLEMAN

**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name N/A <b>6</b> Payee address; City; State; Zip Code <b>7</b> Purpose of expenditure (See instructions regarding type of information required.)	<b>8</b> Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)
Date	Payee name Payee address; City; State; Zip Code Purpose of expenditure (See instructions regarding type of information required.)	Amount (\$)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



**PLEDGED CONTRIBUTIONS****SCHEDULE B1**

(FOR FORMS C/OH, SC-C/OH, SC-SPAC, &amp; SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this Schedule B1: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-family: cursive; font-size: 1.2em;">JERI CARA KUHLEMAN</div>		3 ACCOUNT # (Ethics Commission files)	
4 TOTAL OF UNITEMIZED PLEDGES:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒			\$
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: <div style="font-family: cursive; font-size: 1.5em; margin-left: 40px;">N/A</div>	8 Amount of pledge (\$)	9 In-kind description (if applicable)
7 Pledgor address;   City;   State;   Zip Code			
10 Principal occupation (optional)		11 Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address;   City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address;   City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address;   City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: Pledgor address;   City;   State;   Zip Code	Amount of pledge (\$)	In-kind description (if applicable)
Principal occupation (optional)		Employer (optional)	

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED****If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.**